

# RTC FACTSHEET NO. 1: INVOLVEMENT OF FAMILY



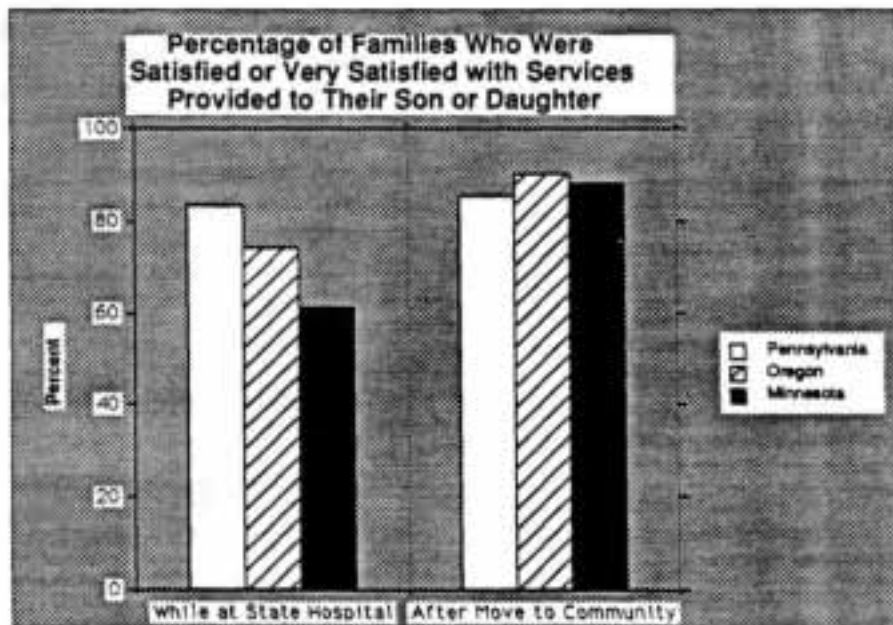
The Minnesota Department of Human Services has proposed to move many of the persons with developmental disabilities who currently live in regional treatment centers (RTCs) into community programs where they would have both a place to live and a full array of services according to their needs. Crisis care and technical assistance would be provided to those persons who would need such services. Some persons would remain in the RTCs.

## How will family members know what is happening with the Regional Treatment Centers?

The Department of Human Services will notify all parents and guardians of any changes that are recommended to occur that will affect their son or daughter. Once the legislative session has ended, the parents and/or guardians will be notified of the outcome of the proposal and any revisions made by the legislature to the plan.

For persons for whom new services will be developed which require a move from the RTCs, DHS will provide to each family and guardian the following information:

- 1) names and telephone numbers of state and county people who can help them;
- 2) types of services to be developed;
- 3) how the individual planning process works, including how community sites will be determined, and how family members can be involved;
- 4) the process to be followed when a parent, other family member or guardian disagrees with the proposed services; and,
- 5) a list of additional resources such as advocates, local volunteer coordinators, and family groups.



Family support of community programs has been overwhelming once their son or daughter has moved from state hospitals to smaller, community services.

In addition, at least one staff person in each RTC will be available to provide information about community placements, to explain how interested family members and guardians can participate in planning, and information about family support groups.

By setting discharge dates for those persons who will be moving to community programs well in advance of the actual discharge, there will be ample opportunity to address concerns raised by families about the proposed discharge. For those persons without families, the Department will attempt to find concerned persons to participate in discharge planning and transition to the community.

*"This is the answer to our prayers. And I wish...it could have been eleven years ago, but there's small group homes coming up all the time now."*

Parent whose son was served in one of the regional treatment centers and is now receiving state-operated community services (1989).

## **Why is the Department moving people into community programs?**

Both family reports, research, public policy, and the Department's own experience with state-operated community programs have led the Department to believe that it is in the best interests of persons with developmental disabilities to be served in community programs.

Specifically, studies indicate that persons with developmental disabilities who have made such a transition into the community from large state facilities have:

- 1) learned more skills in how to take care of themselves;
- 2) increased their ability to socialize with others;
- 3) reduced their inappropriate behaviors;
- 4) reduced their use of daily medications;
- 5) had more access to different places and situations that were of higher quality;
- 6) received as many needed services as they would have in the state institution; and
- 7) been more satisfied with their placement and service in the community.

In addition, family members are more satisfied with their son or daughter's transition into the community than they were when their son or daughter was served in the state institution, even when they were initially opposed to such a move.

## **How will the Department address concerns about quality of services provided in the community?**

To address concerns expressed by parents, advocates, and providers of services to persons with developmental disabilities, the Department's proposal increases the number of people who will be involved in addressing issues of planning and quality assurance. In particular, this includes:

- 1) increasing licensing and monitoring staff, including staff for the Office of the Ombudsman for Mental Health and Mental Retardation;
- 2) increasing volunteer services to promote the involvement of family members and community volunteers in the planning, delivery, and monitoring of community services, and includes many of the 6,000 volunteers presently serving at the RTCs, as well as grants to coordinate the recruitment of additional volunteers;
- 3) increasing staffing for program planning and development to better meet the needs of individuals;
- 4) increasing appeals staff in order to respond to family concerns in a timely manner;
- 5) increasing support for case management services by county personnel, including on-site monitoring and quality assurance by the county case manager; and,
- 6) increasing participation by the local communities where regional centers are located.



With the addition of specialized "community" training for staff, technical assistance teams and crisis intervention capacity within each region, the Department has planned strong measures to assure a high quality of service to persons with developmental disabilities within the community.

## **What if a family member disagrees with the proposed discharge plan?**

Current policies provide persons with developmental disabilities and their families the use of a conciliation process to resolve differences. In situations in which social services have been suspended, reduced or terminated, families can request a social service appeal. Families that would like additional support with difficult issues can contact the Department or advocacy agencies, such as the Minnesota Association for Retarded Citizens, Minnesota Association for Persons with Severe Handicaps, the Governor's Planning Council on Developmental Disabilities or the Office of the Ombudsman for Mental Health and Mental Retardation.

## **For more information, please contact:**

Division for Persons with Developmental Disabilities, Minnesota Department of Human Services, 444 Lafayette Road, St. Paul, Minnesota 55155 or call (612) 296-2160.

# RTC FACTSHEET NO. 2: Value of Community Placement



The Minnesota Department of Human Services has proposed to move many of the persons with developmental disabilities who currently live in regional treatment centers (RTCs) into community programs where they would have both a place to live and a full array of services according to their needs. Crisis care and technical assistance would be provided to those persons who would need such services. Some persons would remain in the RTCs.

## Do people with severe developmental disabilities benefit from being placed in community services?

Studies have indicated that persons with developmental disabilities who moved from large state hospitals to community programs:

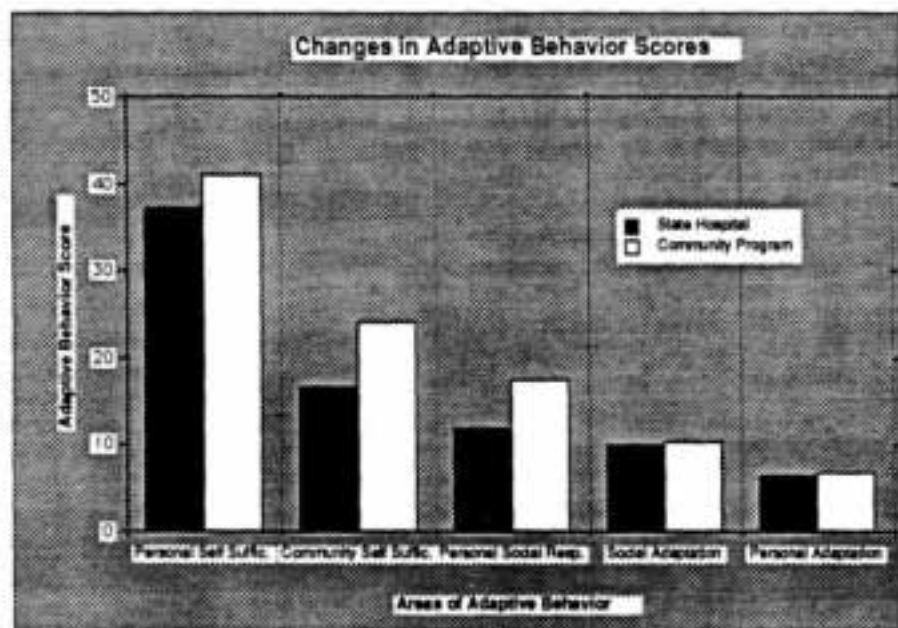
- 1) learned more skills;
- 2) had more opportunities to learn in a greater variety of real life situations and settings;

3) found themselves in environments of higher quality;

4) received as many needed services (i.e., medical, educational, etc) as they would have in the state institution; and

5) been more satisfied with their placement and service in the community.

In addition, research has indicated that family members are more satisfied with their son or daughter's move into the community than they were when their son or daughter was served in the state institution, even when the family members were initially opposed to such a move. Summaries of the research described here can be obtained by contacting the Department at the address listed on the opposite page.



**Persons with developmental disabilities have acquired more skills as a result of placement into community programs.**

## What happens to persons with the most severe disabilities who are placed in the community from state hospitals?

In the most comprehensive investigation of moving persons with developmental disabilities, which included persons with severe disabilities, from a state institution into community programs, investigators of the Pennhurst state hospital study found that persons who left Pennhurst significantly increased their skills as opposed to those persons who remained in the institution (Conroy & Bradley, 1985). Other studies have found similar results (Horner, Stoner and Ferguson, 1988; Keith and Ferdinand (1984).

*"The most dramatic shift in our way of thinking is the recognition that the social and physical environments are often a greater issue than abilities and disabilities. This is especially true in considering the expectations others have of people with developmental disabilities, and what people do based on those expectations."* A New Way of Thinking - The Minnesota Governor's Planning Council on Developmental Disabilities



Singer, Close, Irvin, Gersten, and Sailor (1984) examined the outcomes of a group training home established in a rural area in California for children who have multiple handicaps and who exhibit severe behavior problems. The persons served were either living in a state institution at the time of placement into the group home, or were at risk of placement into an institution. Children living in the training home *improved* in the areas of Personal Self Sufficiency, Community Self Sufficiency, and Personal and Social Responsibility. In addition, average rates of maladaptive behavior for all persons living in the home decreased. This study suggests that persons who would be typically served in a state institution because of the level and intensity of their disability can benefit most from community placement where they can receive experiences in community living.

Horner, Stoner, and Ferguson (1988) found that the number of persons involved with persons living in the community was almost twice that for persons living at Fairview State Hospital in Oregon. In addition, it was found that the number of social contacts for the group living in the community occurred almost twice as often as for the persons living at Fairview.

One study addressed the issue of providing medical services in the community to people who were multiply handicapped, some of whom had profound retardation as a complicating factor. The author concluded that the community-based ICF/MR programs were able to meet the needs of such persons (McDonald, 1985) using other medical facilities, including community hospitals.

Movement into community programs may actually enhance the health of persons. Conroy & Bradley (1985) found a reduction in the use of daily medications for those persons who had transferred from Pennhurst to community programs as compared to those persons remaining at the state hospital. In addition, the authors concluded that people continued to use the Medicaid and Medicare services "effectively", noting that they found no change in "general indicators of individual health following placement". Other studies on role modeling and imitation indicate that surrounding persons with disabilities with others who behave normally minimize the tendency for the person with disabilities to engage in abnormal behavior.

Minnesota's existing privately-operated and state-operated community services have demonstrated the very positive effects on movement to smaller, community services for persons with developmental disabilities, including those with special needs who were served in the regional treatment centers. The Department has received numerous positive statements from staff who moved with the residents into the community and from the residents' parents themselves.

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### **What about the persons who are the most physically disabled or medically fragile?**

The Department's proposal acknowledges that there are some persons for which community programs may not yet be able to meet all of their needs. For those persons, services will continue to be provided within the regional treatment center system until the appropriate community capacities are developed. For those persons with special needs who are relocated to the community, staff would receive substantial training. In addition, technical assistance teams and crisis intervention will be available within each region to assure a high quality of service to all persons with developmental disabilities within the community.

### **References:**

Conroy, J.W., & Bradley, V.J. (1985). The Pennhurst Longitudinal Study: A report of five years of research and analysis. Philadelphia: Temple University Developmental Disabilities Center. Boston: Human Services Research Institute.

Horner, R.H., Stoner, S.K., & Ferguson, D.L. (1988). An Activity-based Analysis of Deinstitutionalization: The effects of community re-entry on the lives of residents leaving Oregon's Fairview Training Center. Salem, Oregon: Developmental Disabilities Program Office of the Oregon Mental Health Division.

# RTC FACTSHEET NO. 3: THE QUALITY OF SERVICES



The Minnesota Department of Human Services has proposed to move many of the persons with developmental disabilities who currently live in regional treatment centers (RTCs) into community programs where they would have both a place to live and a full array of services according to their needs. Crisis care and technical assistance would be provided to those persons who would need such services. Some persons would remain in the RTCs.

## **How will new community services meet the identified needs of persons with developmental disabilities?**

Before any person with developmental disabilities is placed in the community from a Regional Treatment Center (RTC), their county case manager with support from the staff from the RTCs will conduct a comprehensive assessment of the person's needs. This includes identifying the type and amount of residential, day or support work and

support services which the person needs in the community. This assessment will include an assessment of the person's social, intellectual, health, communication, behavioral, environmental needs, and specific needs related to the person's vulnerabilities. This amount of needs, including level of support and supervision to assure safety, will be incorporated into an individualized plan, tailor made for the person prior to the person's discharge from the RTC. Community services will then be developed or modified, as needed, to meet the needs identified in the individual plan. Within the first three months of a person's placement into the community, an independent professional review will be conducted of each person's day habilitation, residential, and support services and a written report will be sent to the county case manager, guardian, service providers, and the State Office of the Ombudsman for Mental Health and Mental Retardation. If significant problems are found on the visit during the review process, a follow up visit will take place. Moreover, assistance from other parents or guardians (many of whom have already had a family member return to the community from a RTC) and designated staff persons at each RTC will be made available to assist guardians and concerned family members or friends to help them be sure that their concerns are addressed in the planning process.

### **METHODS FOR MONITORING THE QUALITY OF SERVICES PROVIDED IN THE COMMUNITY**

- 1) Licensing
- 2) Office of the Ombudsman for Mental Health and Mental Retardation
- 3) Volunteer Monitoring
- 4) Field Reviews
- 5) Case Management
- 6) Family Involvement
- 7) Public Involvement

*"We conclude that it is in fact feasible, cost-effective, and desirable to create individually oriented and quantitative monitoring systems for community services." Conroy, J.W., & Bradley, V.J. (1985).*



## **Isn't it more difficult to monitor the quality of services or detect possible abuses of individuals in community services?**

Relocating individuals from RTCs to community settings does present challenges to monitoring the quality of community services, especially as services for individuals are dispersed in various communities.

One of the many benefits of providing persons with developmental disabilities to a wide variety of community activities is that the person develops informal relationships with people and friends who become interested in the person's welfare and monitor their care. Bus drivers, store clerks, neighbors, friends and relatives, parents, ... all become part of an informal network of people who watch over a person with developmental disabilities.

All publicly and privately operated services in the community for persons with developmental disabilities will be licensed under Chapter 245A (Human Services Licensing Act) and must meet other applicable state and federal requirements. The monitoring of the licensure of publicly operated programs will be done by the Office of the Ombudsman for Mental Health and Mental Retardation. Licensors conduct annual inspections of services and more frequently if significant problems or areas of non-compliance are detected. Concerned with health and safety, as well as programmatic issues in the habilitation of persons with developmental disabilities, the Departments of Health and Human Services will continue to develop safeguards against potential abuse

and services of poor quality. These measures currently exist both for services provided within regional treatment centers and community programs and will be expanded to any new community sites that would be developed as a result of the Department's proposal. Moreover, recent changes to federal regulations and state rules governing services to persons with developmental disabilities will assure higher quality residential services.

To address concerns expressed by parents, advocates, and providers of services to persons with developmental disabilities, the Department's proposal increases the number of people who will be involved in addressing issues of planning and quality of services. In particular, this includes:

- 1) increasing licensing and monitoring staff, including staff for the Office of the Ombudsman for Mental Health and Mental Retardation to regularly inspect programs and investigate problems;
- 2) increasing volunteer services to promote the involvement of family members and community volunteers in the planning and the delivery of community services including the monitoring of services;
- 3) increasing staffing for program planning and development to better meet the needs of individuals;
- 4) increasing appeals staff in order to respond to family concerns in a timely manner;
- 5) increasing support for case management services by county personnel, including on-site monitoring and quality assurance by the county case manager; and,
- 6) increasing participation by the local communities where regional centers are located to plan and evaluate services.

In addition, our staff who would be providing services in the community

would receive substantial training. This training would cover a variety of areas, including both programmatic and structural issues in the delivery of services to persons with developmental disabilities residing in the community. This training would be offered to appropriate private providers as well.

With the addition of specialized "community" training for staff, technical assistance teams and crisis intervention capacity within each region, the Department has planned strong measures to assure a high quality of service to persons with developmental disabilities within the community.

## **Will everything be fine in the community programs?**

While the overwhelming majority of studies demonstrate the superiority of smaller community services, it is clear that just as institutions can be settings where abuse or neglect occur, small community services can be operated poorly and provide poor quality care. The Department is concerned about such possibilities and has proposed a series of quality assurance, technical assistance and monitoring actions to guard against such problems. Any incidents that may occur in the community will be addressed quickly and responsibly by the county social service agency where the person lives or by the Department of Human Services.

## **For more information, please contact:**

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